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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875								Application or Docket Number 10/599,682			ing Date 30/2007	To be Mailed	
APPLICATION AS FILED – PART I (Column 1) (Column 2)								SMALL ENTITY			OTHER THAN OR SMALL ENTITY		
	FOR		NUMBER FILED		NUMBER EXTRA		Г	RATE (\$)	FEE (\$)	П	RATE (\$)	FEE (\$)	
BASIC FEE (37 CFR 1 16(a), (b), or (c))			N/A		N/A		1	N/A		1	N/A		
SEARCH FEE (37 CFR 1 16(k), (i), or (m))			N/A		N/A		1	N/A		1	N/A		
EXAMINATION FEE (37 CFR 1,16(o), (p), or (q))			N/A		N/A			N/A]	N/A		
TOTAL CLAIMS (37 CFR 1.16(i))			minus 20 =		•		l	x s =		OR	x s =		
INDEPENDENT CLAIMS (37 CFR 1.16(h))			minus 3 =		•		1	X \$ =		1	X \$ =		
	APPLICATION SIZE 37 CFR 1.16(s))	FEE sh is:	If the specification and dra sheets of paper, the appli- is \$250 (\$125 for small er additional 50 sheets or fra 35 U.S.C. 41(a)(1)(G) and			tion size fee due y) for each ion thereof. See							
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))										1			
* If the difference in column 1 is less than zero, enter "0" in column 2.								TOTAL		1	TOTAL		
APPLICATION AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								OTHER THAN SMALL ENTITY OR SMALL ENTITY					
AMENDMENT	06/08/2011	CLAIMS REMAINING AFTER AMENDMEN	т	HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1.15(1))	- 14	Minus	·· 20		=	l	X \$ =		OR	x s =		
	Independent (37 CFR 1,16(h))	• 1	Minus	···7		-	1	X \$ =		OR	X \$ =		
	Application Size Fee (37 CFR 1.16(s))												
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))									OR			
								TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE		
(Column 1) (Column 2) (Column 3)													
AMENDMENT		CLAIMS REMAINING AFTER AMENDMEN		NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1,16(1))		Minus			-	l	× \$ =		OR	x s =		
	Independent (37 CFR 1 16(h))		Minus	***		-	1	X \$ =		OR	X \$ =		
	Application Size Fee (37 CFR 1.16(s))]			1			
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(ii))									OR			
* If :	* If the entry in column 1 is less than the entry in column 2, write *0" in column 3.								netrument Ex	OR (amin	TOTAL ADD'L FEE		
"I the entiry in column 1 is less than the entiry in column 2, write "Un column 3. Legal Instrument Examiner: "If the "Highest Number Previously Paid For IN THIS SPACE is less than 30, enter "20". "If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". "If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". KATRINA. TURNER! KERITATION OF THE STATE OF THE STAT													

This collection of Information is equiend by 37 CFR 1.16. The information is equiend to obtain or retain a benefit by the public within it is to file (and by the USRTO to process) an application Confidentiality is governed by 38 USs 1.6. 22 and 37 CFR 1.4. This recibited in estimated to table 12 minutes to complete, enough equiends on the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the smooth of time you require to complete the form and/or supposednoss for reducing this burden, should be sent to the CHI information Office. U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 2213-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450.